



I hereby certify that this New Application and the documents referred to as enclosed herein are being deposited with the United States Postal Service on this date $\frac{9-16-99}{}$, in an envelope bearing "Expres , in an envelope bearing "Express Mail Post Office To Addressee" Mailing Label Number <u>E7259439146</u> US addressed to: Box Patent Application, Honorable Commissioner of Patents and Trademarks, Washington, D.C.

Ali Kamarei (Name of person mailing paper)



SMARTTOUCH, Inc.

727 Allston Way Berkeley, California 94710 510-843-3034

Honorable Commissioner of Patents and Trademarks **BOX PATENT APPLICATION** Washington, D.C. 20231

Attorney's Docket No. STA-21

NEW APPLICATION TRANSMITTAL

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Transmitted herewith for filing is the patent application of Inventor(s): Ned Hoffman and Philip Dean Lapsley

Title: ' SYSTEM AND METHOD FOR PROCESSING TOKENLESS BIOMETRIC TRANSMISSIONS WITH AN

ELECTRONIC RULE MODULE CLEARINGHOUSE

Enclosed are:

- The papers required for a filing date under CFR §1.53(b):
 - [X] 64 Pages of specification (including 25 claim(s)); 7 Sheets of drawings.

[X] formal

[] informal

- ₽ 2. [X] Declaration or Oath ١Ď
 - 3. [X] Power of Attorney
 - [X] Assignment + cover sheet

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- [X] Fee Calculation
 - Amendment changing number of claims or deleting multiple dependencies is enclosed.

CLAIMS AS FILED

	Filed	Extra	Rate	Basic Fee \$760	
Total Claims	25-20	5	\$ 18.	\$ 90	
Independent Claims	3-3	0	\$ 78.	\$ 0	
Multiple Claims	-	•	\$ 270.	\$0	



9-16-99

Dated:



Name: Ali Kamarei

Registration No. 37,000

[X] Small Entity Statement - verified statement enclosed. 50% Filing Fee Reduction (if applicable) \$ 425. 7. [X] Other Fees Recording Assignment [\$40.00] [X] \$_40.00 [] Other fees Specify ___ \$_ Total Fees Enclosed \$_465. 8. Payment of Fees [X] Check(s) in the amount of \$ 492., is enclosed. Charge Account No. _ in the amount of \$_. A duplicate of this transmittal is attached. []9. [X] The Commissioner is hereby authorized to charge any additional fees (or credit any overpayment) associated with this communication and which may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 19-2551. A duplicate sheet is attached. [] Information Disclosure Statement Return Receipt Postcard [X] [X] Other: Specify Certification Under 37 CFR 3.73(B) By: